

CBO Estimate of the Preserving Access to Medicare Act of 2008 [version GOE08434, dated June 11, 2008]

Figures are outlays or revenues, by fiscal year, in BILLIONS of dollars.

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2008- 2013	2008- 2018
CHANGES IN DIRECT SPENDING													
TITLE I. MEDICARE													
Subtitle A. Rural Beneficiary Access Extensions and Improvements													
101 Temporary improvements to the Medicare inpatient hospital payment adjustment for low-volume hospitals.	0	0.1	*	0	0	0	0	0	0	0	0	0.2	0.2
102 Use of non-wage adjusted PPS rate under the medicare-dependent hospital (MDH) program.	0	0.1	*	0	0	0	0	0	0	0	0	0.1	0.1
103 Ambulance service improvements.	*	0.1	*	0	0	0	0	0	0	0	0	0.1	0.1
104 Extension of authorization for FLEX grants.	0	0	0	0	0	0	0	0	0	0	0	0	0
105 Rebasing for sole community hospitals.	0	*	*	*	*	*	*	*	*	*	*	0.1	0.3
106 Extension and expansion of the Medicare hold harmless provision under the prospective payment system for hospital outpatient department (HOPD) services for certain hospitals.	*	0.1	*	0	0	0	0	0	0	0	0	0.1	0.1
107 Clarification of payment for clinical laboratory tests furnished by critical access hospitals.	0	*	*	*	*	*	*	*	*	0.1	0.1	0.1	0.3
108 Extension of floor on Medicare work geographic adjustment under the Medicare physician fee schedule.	0.1	0.3	0.1	*	*	*	*	*	*	*	*	0.6	0.6
109 Extension of treatment of certain physician pathology services under Medicare.	*	0.1	*	0	0	0	0	0	0	0	0	0.1	0.1
110 Adding hospital-based renal dialysis centers (including satellites) as originating sites for payment of telehealth services.	0	*	*	*	*	*	*	*	*	*	*	*	*
111 Adding skilled nursing facilities as originating sites for payment of telehealth services.	0	*	*	*	*	*	*	*	*	*	*	*	0.1
112 Applying rural home health add-on policy for 2009	0	0.1	0.1	0	0	0	0	0	0	0	0	0.2	0.2
Subtitle B. Other Provisions Relating to Part A													
121 Extension of the reclassification of certain hospitals under the Medicare program.	0	0.2	*	0	0	0	0	0	0	0	0	0.2	0.2
122 Institute of Medicine study and report on post-acute care.	0	*	*	*	0	0	0	0	0	0	0	*	*
123 Revocation of unique deeming authority of the Joint Commission.	0	0	0	0	0	0	0	0	0	0	0	0	0
124 MedPAC study and report on payments for hospice care.	0	0	0	0	0	0	0	0	0	0	0	0	0
125 Introducing the principals of value-based health care into the Medicare program.	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtitle C. Other Provisions Relating to Part B													
131 Physician payment, efficiency, and quality improvements.	1.5	5.9	2.4	*	*	-0.6	5.0	8.4	8.4	7.5	2.5	9.2	40.9
132 Incentives for electronic prescribing.	0	0	0.1	-0.1	-0.2	-0.3	-0.3	-0.3	-0.3	-0.2	-0.2	-0.4	-1.7
133 Increasing the number of sites for the electronic health records demonstration.	0	*	*	*	*	*	*	0	0	0	0	*	*
134 Primary care improvements	0.2	0.1	*	*	*	*	*	*	*	*	0.1	0.5	0.7
135 Medicare anesthesia teaching program improvements	0	0	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.5
136 Medicare coordinated care practice research network demonstration.	0	0	*	*	*	*	*	0	0	0	0	*	*
137 Imaging provisions.	0	0	*	*	0	0	0	0	0	0	0	*	*
138 Accommodation of physicians ordered to active duty in the Armed Services.	*	*	*	*	*	*	*	*	*	*	*	*	*
139 Extension of exceptions process for Medicare therapy caps.	0.1	0.7	0.4	0	0	0	0	0	0	0	0	1.2	1.2

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140 Speech-language pathology services.	0	*	*	*	*	*	*	*	*	*	*	*	0.1
141 Coverage of items and services under a cardiac rehabilitation program and a pulmonary rehabilitation program.	0	*	*	*	*	*	*	*	0.1	0.1	0.1	0.2	0.4
142 Repeal of transfer of oxygen equipment	0	0	0	0	0	0	0	0	0	0	0	0	0
143 Extension of payment rule for brachytherapy and therapeutic radiopharmaceuticals.	*	*	*	0	0	0	0	0	0	0	0	*	*
144 Clinical laboratory tests.	0	*	-0.1	-0.1	-0.2	-0.2	-0.2	-0.3	-0.3	-0.3	-0.3	-0.6	-2.0
145 Sense of the Senate on delayed implementation of competitive bidding for durable medical equipment	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtitle D. End Stage Renal Disease Program Reforms													
151 Kidney disease education and awareness provisions.	0	0	*	*	*	*	*	*	*	*	*	*	0.1
152 Renal dialysis provisions	0	*	0.1	-0.1	-0.1	*	0.1	0.2	0.3	0.5	0.6	-0.1	1.5
Subtitle E. Provisions Relating to Part C													
161 Phase-out of indirect medical education (IME)	0	0	-0.7	-2.0	-2.4	-3.4	-4.0	-4.6	-5.5	-5.6	-5.6	-8.6	-34.0
162 Revisions to quality improvement programs	0	0	0	0	0	0	0	0	0	0	0	0	0
163 Revisions relating to specialized Medicare Advantage plans for special needs individuals.	0	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.7
164 Adjustment to the Medicare Advantage stabilization fund.	0	0	0	0	0	-1.3	-0.4	0	0	0	0	-1.3	-1.8
165 Access to Medicare reasonable cost contract plans.	0	0	*	*	0	0	0	0	0	0	0	*	*
166 MedPAC study and report on Medicare Advantage payments.	0	0	0	0	0	0	0	0	0	0	0	0	0
167 Marketing of Medicare Advantage plans and prescription drug plans.	0	0	0	0	0	0	0	0	0	0	0	0	0
171 Contract with a consensus-based entity regarding performance measurement	0	*	*	*	*	0	0	0	0	0	0	*	*
172 Use of Part D Data	0	0	0	0	0	0	0	0	0	0	0	0	0
173 Inclusion of Medicare Providers in Federal Payment Levy and Administrative Offset Program (effects on revenue listed below).	0	0	0	0	0	0	0	0	0	0	0	0	0
Interactions													
132 Electronic prescribing, effect on Part D spending	0	*	*	*	*	-0.1	-0.1	-0.1	-0.1	-0.2	-0.2	-0.2	-0.8
Medicare Advantage interactions	0	0	1.0	*	*	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	0.9	0.5
Premium interactions	-0.4	-2.2	-1.1	-0.1	0.1	0.1	0.1	0.1	*	*	-0.1	-3.8	-3.7
Subtotal, Medicare Provisions	1.5	5.6	2.7	-2.0	-2.5	-5.5	0.3	3.6	2.7	1.9	-3.0	-0.3	5.2

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TITLE II. MEDICAID													
201 Extension of transitional medical assistance (TMA) and abstinence education program through fiscal year 2009.	*	0.6	0.6	*	*	*	*	*	*	*	0	1.2	1.2
202 Extension of qualifying individual (QI) program through fiscal year 2009.													
Medicaid	0.1	*	-0.1	0	0	0	0	0	0	0	0	0	0
Medicare	*	0.3	*	0	0	0	0	0	0	0	0	0.4	0.4
Low income subsidy interaction	0	*	*	*	*	*	*	*	*	*	*	0.1	0.3
203 Medicaid DSH extension through December 31, 2009.	*	*	0	0	0	0	0	0	0	0	0	*	*
204 Asset verification through access to information held by financial institutions.	0	-0.1	-0.1	-0.2	-0.2	-0.4	-0.5	-0.6	-0.7	-0.8	-1.0	-1.0	-4.5
205 Application of Medicare payment adjustment for certain hospital-acquired conditions to payments for inpatient hospital services under Medicaid.	0	*	*	*	*	*	*	*	*	*	*	-0.1	-0.2
206 Reduction in payments for Medicaid administrative costs to prevent duplication of such payments under TANF.	0	-0.3	-0.3	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	-0.4	-1.8	-3.7
207 Clarification treatment of regional medical center.	*	*	*	*	*	*	*	*	*	*	*	*	*
208 Grants to improve outreach and enrollment under Medicaid.	0	*	*	*	*	*	*	*	*	*	*	0.2	0.3
TITLE III. OTHER PROVISIONS													
301 Extension of TANF supplemental grants through fiscal year 2009.	0	0.2	0.1	*	*	0	0	0	0	0	0	0.3	0.3
302 Special Diabetes Programs for Type I Diabetes and Indians.	0	0	0.1	0.3	0.2	*	0	0	0	0	0	0.6	0.6
303 Additional Funding for State Health Insurance Assistance Programs, Area Agencies on Aging, and Aging and Disability Resource Centers.	0	*	0	0	0	0	0	0	0	0	0	*	*
305 Extension of Federal reimbursement of emergency health services furnished to undocumented aliens.	0	0	0	0.1	0.2	0.1	0	0	0	0	0	0.4	0.4
Subtotal, Medicaid and Other Policies	0.1	0.9	0.3	-0.1	-0.2	-0.6	-0.8	-0.9	-1.0	-1.2	-1.3	0.5	-4.8
Total, Changes in Direct Spending	1.6	6.5	3.0	-2.1	-2.7	-6.1	-0.5	2.6	1.7	0.7	-4.3	0.2	0.4

CHANGES IN FEDERAL REVENUES

Medicare payment levy	*	*	*	*	*	*	*	*	*	*	*	0.2	0.4
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CHANGES IN DEFICIT

Total, Changes in Deficit /1	1.6	6.4	3.0	-2.1	-2.7	-6.2	-0.6	2.6	1.6	0.6	-4.3	*	*
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Notes: * = cost or savings of less than \$50 million.

1. The estimated net effect on the deficit over both the 2008-2013 and 2008-2018 periods is a reduction of less than \$50 million. (All of the estimated changes are on-budget. There are no estimated changes in Social Security spending or revenues.)